THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 13, 1883.

Original.

OBSERVATIONS IN SANDWICH ISLANDS.

BY F. H. ENDERS, M.D.

Since my last letter, of a few weeks ago, I have had an opportunity of seeing a number of cases of kakke or beriberi. The Japanese man of war Rinjio left Tokio, December 19, 1882, with a complement of three hundred and seventy-two officers and men; from thence to New Zealand; after a short stay there, proceeded to Central America, touching at Valparaiso on May 5, 1883; thence to Callao, to these islands, reaching here July 3d. While at Valparaiso the surgeon, an accomplished young Japanese, Dr. Yamamoto, discovered a case of beriberi; this was quickly succeeded by another, until sixty of the crew were on the sick-list. The day following their arrival here twenty-eight cases were admitted into the Queen's Hospital in Honolulu; on the 5th three more, on the 6th five more. In two days there were eight deaths, five more having occurred on ship-board, making thirteen out of sixty, nearly twenty-five per cent. Upon examination they were found suffering with pain resembling cramp in the posterior tibial muscles, edema of extremities, great dyspnea, quick and rapid pulse, high colored and scanty urine; bowels constipated.

Dr. Trousseau, surgeon in charge, put them on squill and digitalis, then a diet of potatoes, fresh meat, lard, and fruit. This was recommended for the crew on board, and no new cases developed, after treating with diuretics till the kidneys were acting well; they were then given iron and quinine and strychnine, allowing them all the fruit they desired. They improved rapidly, no more deaths, the balance discharged as cured and returned to duty. These cases all occurred among the sailors, not one of the officers being affected. Dr. Trousseau believes the diet the cause, rice being the most objectionable. As I said in my last, I believed the diet to be the cause, but I am more inclined to think it is the excessively strong and greasy canned and dried fish and meats of which they eat so largely that is the cause of the sickness, and not, as Gallerdo asserts, "the out-come of infection derived from endemic centers," but of spontaneous origin from a distinct cause. These cases were all acute and of the mixed form as classified by Da Silva Lima. There are seven other cases in the hospital, Chinese patients; but these partake more of the chronic form, and are men who have not been here sufficiently long to become accustomed to the food of the natives, which is chiefly poi, but still adhere to the Chinese diet. Praeger, Hellman, and Plomb believe it to be a variety of scurvy, while Anderson and Simmons believe it to be caused by malaria, from the fact that epidemics occur on shore among others than sailors. But is it not a fact that those on shore live upon almost the same character of greasy, salt food as those at sea? Simmons says, "that rice of the better quality is badly borne by those suffering from the disease while at the same time it is the chief food of those most liable to it." "A change too from this to a coarser food, such as barley and beans, is a measure of great importance in the treatment of the disease. In what that difference consists, unless the latter articles are more laxative than rice or contain more potash, I am unable to state." This acknowledgment on the part of those who contend that the disease it is entirely malarial is yielding greatly to those who believe it is a variety of scurvy.

I send you two photographs, illustrative of the two forms of leprosy, the anesthetic and tubercular in acute stages. No. 1 is of the anesthetic type, a woman fifty years of

age. Ectropion; loss of eyebrows; bronzed skin, resembling very much the cicatrix of a burn. There is also enlargement of the thyroid gland. But I consider this simply a coincidence. Anesthesia exists over the lines of the ulnar and radial nerves of the arms and over the lower extremities from the knees downward. She is married and has three children, ranging from twenty to thirty years of age, none of these showing indications of the approach of the disease. The first symptoms appeared about eight months ago, since which time the disease has progressed to its present condition; no pain experienced, no indication of syphilis, and patient says she has never had it. No. 2 represents a girl twelve years of age, with the tubercular type. You may notice large tubercles on the cheeks and forehead, the lobes of the ears being slightly hypertrophied. These tubercles are entirely anesthetic to the extent of quite a deep incision, and to a slight extent in the extremities. This differs from the anesthetic form only by the existence of tubercles, as anesthesia exists in both forms, but to a less extent in the tuberculous.

Her family, five in number, shows no signs of the disease. She denies association with a leper. (This should be taken "*cum grano salis*," as they have no fear of contagion). Then the question arises, how did she contract the disease? Either by association or vaccination. She says she was vaccinated by a layman several years ago, and a very sore arm resulted. It was a custom at that time to allow any one to vaccinate who desired, and, too, with humanized lymph; this, I am glad to say, is now interdicted, and a professional man with bovine virus are substituted. This subject is of an age where great good would result from the use of nitrate of silver internally with particular care as to her diet; no salt allowed. And as to the regularity of her menses, this function has been established about one year, and if irregular or checked the disease makes rapid progress.

Surgery is not greatly in demand here, still it is sometimes called for, and among the list of operations are five amputations of the forearm at the junction of middle and lower third, without a ligature or torsion being used. These were all caused by the explosion of a giant powder cartridge in the hand while fishing. The force of the explosion, having torn off the arteries some distance above the wound in the soft tissues and the bone, and these by their elasticity were so greatly retracted that in order to catch them it would have been necessary to amputate almost to the elbow.

There were no secondary hemorrhages, and every thing went well to entire recovery. In one of these cases there were twenty-eight openings and counter-openings in the soft walls of the chest; the bones of the hand and wrist penetrated the skin and passed out, portions of the finger nails only being left, which were afterward removed. Another case is an amputation of both arms at the shoulder. The subject was a Chinaman. One hand became fastened in the rollers of a sugar-mill; in endeavoring to extricate it the other became fastened, and both passed in quite to the shoulder before the mill could be stopped. Recovery was rapid and good. Force of circumstances compelled me to use silver wire as ligatures. They still remain in the wound, and have produced no unpleasant symptoms.

I quite agree with Dr. Engelman, in his work on "Labor among Primitive Peoples, etc.," as to obstetric position. Numerous opportunities afforded here by natives illustrate the greater ease and comfort of the semi-recumbent position or kneeling, with head and shoulders thrown forward, thereby making the center of gravity in a line through the centers of the straits of the pelvis. It is with difficulty a native woman can be induced to occupy the prone position under these circumstances, and then, when the pains become severe, she assumes the upright position, seemingly as a natural one. A peculiar trait among primitive peoples, especially the Polynesians, is the habit of biting off the umbilical cord; they will not allow it to be cut if they can prevent it.

In my next communication I will tell you something of opium smoking, awa drinking, etc., and of the methods pursued by the native doctors, or kahunas, in *praying* their victims to death.

WAILUKU, SANDWICH ISLANDS.

Miscellany.

THE MEDICAL PROFESSION. — President Eliot, of Harvard, at the annual dinner of the Massachusetts Medical Society, said: As I am not a physician, I am at liberty to say some things which need to be said, but which the modesty and reticence of the educated physician prevent him from uttering. From certain public discussions, which have attracted popular attention during the past five months, it would be easy for hasty or ignorant people to infer that the medical profession was thoughtless of the poor, indifferent to their sufferings, and careless of their fate. Let me bear my testimony that the facts are all the other way. I believe that the medical profession in these days, in city and country alike, renders more direct personal service to the poor and friendless, for clear love of doing good and of learning to do more good, than all the other professions put together. Who give daily services without recompense to sick and wounded poor people in thousands of hospitals and dispensaries all over the civilized world? Physicians and surgeons. The poorest and most friendless man in the city knows that if he meets with a serious accident or is attacked by a grave disease, he is sure of the prompt services of the most skillful surgeons or physicians in the community as soon as he is carried to a hospital. Who care tenderly for friendless mothers, sick children, and deserted infants, patiently exerting their best skill to save life, mitigate suffering, and restore health? The physicians of lying-in hospitals, children's hospitals, and infant asylums. Is it the lawyers who have learned at last how to bring up motherless babies successfully? No, sir, it is the physician. Who established in Boston those admirable nurseries for the babies of the poor working women? Young physicians, not long out of the medical school. To whom does society owe it that every insane pauper is more humanely and rationally treated today than the king's daughter would have been, if insane, two centuries ago? Not immediately to the doctors of theology, or of law, but to the doctors of medicine. Who has delivered modern society in great measure from those horrible plagues and pestilences, like the black death, the smallpox, and the Asiatic cholera, which periodically desolated Europe but a few generations ago? The medical profession. This immense service has not been rendered solely for pecuniary rewards, or to the rich and great alone, but freely to the poor and humble, and chiefly to them. Indeed, gentlemen, if there are any portions of modern society which have especial reason to be grateful to the medical profession for services already rendered, and to promote the advancement of medical science and the improvement of medical education in the sure hope of still greater benefits to come, it is the poorer and less educated portions. They have more need of medical and surgical aid than the well-to-do, for their exposures are greater. It is for them to insist in their own interest, that what his excellency, the governor, has felicitously described as "the decent and humane provision of the statute" concerning anatomical science be made effective to the end in view. Let them not imagine that the educated physician whose whole life is given to the study and service of the human body, and to the alleviation of human suffering, can be without reverence for that body or without sensibility to that suffering. Let them be assured that the improvement of the science and art of medicine is for the common interest of all conditions of men. Even in the present imperfect state of medical science and education, it is a rare family, rich or poor, prosperous or miserable, which has not owed the life of at least one of its members to the skill and courage of some good physician. Even now hardly a man or a woman reaches the meridian of life without having owed relief from agony, or escape from untimely death to the medical art. From the achieved progress of the past hundred years, what may we not hope of the coming? It is for all classes of the community to further to their utmost the development of medical knowledge and skill. That way lies the path of mercy, statesmanship, and reverence for humanity. — *Boston Medical and Surgical Journal.*

ADOLPH FISCHER as an instrument-maker stands at the head of his craft. His workmanship is of the highest order, and he does not disappoint his patrons either in the character of his wares or in the time of furnishing them.

THE PRESENT STATUS OF THE CODE CONTROVERSY.—The code controversy in New York has now reached the stage in which argument has ceased, and the strength of the respective parties is being carefully computed prior to the appeal to the ballot in the

New York County Society—the birth-place and stronghold of the New Code—on the 29th proximo, and in the State Society next February.

A poll of the 1,661 physicians whose names are in the New York City Medical Register, shows that 764 adhere to the National Code, 404 are advocates of the New Code, and 54 of no code. The remainder are uncommitted. In the New York County Society, we are reliably informed, the advocates of the National Code are largely in the majority.

The canvass of the State, which is still in progress, shows that there are 2,405 physicians who adhere to the National Code, 924 to the New Code, and that there are 215 who advocate having no code.

These figures are extremely gratifying. They show that the profession of the State has been completely misrepresented in the State Society at its last two meetings, and they unerringly point to the speedy revocation of the New Code.—*Med. News.*

JACOB FLEXNER, the manufacturing pharmacist, is a master in his vocation, and in its science and art he ranks with the best. His learning, skill, integrity, and enterprise make him the man to call upon when we are in need of the new and pure in physic.

WASP-STINGS.—This summer, two or three persons are said to have died from wasp-stings. A writer, signing himself "F.R.C. S.," says the British Medical Journal, announces in the Times that much alarm prevails just now as to the possibility of a fatal result proceeding from a wasp-sting; and he observes that death can only arise from such a cause when fear makes the subject of the sting faint away, in which case, if the heart be weak, recovery, as in all cases of fainting, may be impossible. It is not the wasp's poison, we are informed, which kills, but the fainting which terror induces. Of course it is conceivable, though highly improbable, that a person stung by wasps might immediately fall, through fright, into fatal syncope; but this is certainly not by any means the only or the usual way in which the stings of those insects have been known to prove deadly. It is a common experience that the stings of wasps, though painful, seldom produce any serious, much less dangerous consequences. Yet the records of surgery show that they have proved fatal in a variety of ways. For example, wasp-stings have caused death by inducing erysipelas of the head, in consequence of intense local irritation arising from a large number of stings; and even one sting has been known to kill by exciting fatal erysipelas in a person of unhealthy constitution, and especially prone to that affection. Again, the sting of a single wasp may be dangerous or fatal because of the importance or position of the injured part. This has been shown in cases in which the eye, or the interior of the mouth or the pharynx has been stung. Many fatal wasp-stings of the inside of the throat have been recorded in instances in which a wasp has been accidentally swallowed when concealed in fruit.

THE CONSUMPTION OF HORSEFLESH IN FRANCE.—The following statistics with reference to the consumption of horseflesh in Paris, from the British Medical Journal, are interesting. The municipal statistics of the city of Paris show that in 1881 the Parisians consumed nine thousand three hundred horses, and four hundred asses or mules, which amounts to about two million kilograms of meat. The *Hygiène Pratique et Gazette Hebdomadaire des Sciences Médicales de Montpellier* regards this form of food as a valuable resource, when it is considered that many French people scarcely ever touch meat, in consequence of the enormous disproportion between the production of cattle and the population of the country. The same journal observes that science has long demonstrated the excellent quality of the flesh of the horse. This animal is essentially herbivorous, and no noxious element is elaborated in its animal economy; while its organic resistance to disease is such, that, out of three thousand horses which were cut up, M. Pierre, a well-known veterinary surgeon, did not find one in which the viscera showed any traces of morbid lesions. Like veal and young beef, the flesh of a young horse is white, and its nutritious qualities are in direct relation with the age of the animal which furnishes it; but when the colt is three years old, its meat, already deep colored, is very nourishing. When the horse has attained full age,

its flesh contains, in a maximum quantity, all the nutritive principles which are necessary. Liebig and Moleschott have pointed out that horseflesh contains more creatine, that is to say, more albuminous matter, than ox-beef, which makes it largely nourishing. It has, in fact, been demonstrated that four kilograms of horseflesh are as nourishing as five kilograms of beef. The color is not displeasing, nor is the smell unpleasant; and its use in the treatment of diseases for which raw meat has been recommended does not present the inconveniences which are often met with in the raw flesh of beef or mutton; in fact, every day large numbers of oxen, cows, and sheep are killed which are known to be diseased, and of which it is feared to lose the sale. This can never be the case with regard to the horse, for most horses used for food are sent to the slaughter-house simply because they have become old or incapable of working, or because some accident has disabled them.

FLUID HYDRASTIS is a favorite remedy in the treatment of gonorrhea, leucorrhea, and uterine hemorrhage. Recent cases of the first named disease are cured by it, it is claimed, in a week's time, leaving no gleet or other discharge. The Wm. S. Merrell Chemical Company offer this preparation to the medical profession, and it is dispensed only on physicians' prescriptions.

UNUSUAL RAPIDITY OF THE HEART'S ACTION.—Dr. Latham related to Cambridge Medical Society, in July, the case of a lady, aged thirty-four, married, the subject of remarkable palpitation of the heart. The attacks would come on rather suddenly after fatigue or exhaustion, with pain over the precordia, and palpitation. During the attack the pulse could not be counted at the wrist; and the number of the heart beats, counted with the stethoscope, was about one hundred and ninety-six per minute. The paroxysm usually terminated suddenly, the pulse going down to about seventy-six; vomiting occasionally took place afterward. The attack would sometimes not last more than twenty-four hours. At first the treatment adopted had been tincture of digitalis, half a dram at a dose, and fifteen minims repeated in three hours. This was ineffectual. Bromide of potassium and valerian were useless. Finally, a sixth of a grain of morphia was injected hypodermically night and morning. She slept part of the night, and the palpitation ceased about five in the morning. There was some vomiting after the morphia. Dr. Latham regarded the case as an illustration of the ganglionic system passing beyond the control of the cerebro-spinal. He alluded to the physiology of the medulla, vagus, and ganglia of the heart.

A MISTAKE CORRECTED.—From the Louisville Medical Herald:

KENTUCKY SCHOOL OF MEDICINE,
LOUISVILLE, *Sept.* 13, 1883.

DR. DUDLEY S. REYNOLDS, *Editor Medical Herald:*

DEAR SIR—In the September number of the Herald we notice the statement that one half of the faculty of the *Kentucky School of Medicine* are members of the faculty of another school. As this statement is not true, you will of course avail yourself of an early opportunity to correct it.

Very respectfully yours,
W. H. WATHEN, M.D., *Dean.*

Of course, we intended no misrepresentation of fact, and regret the necessity of being now obliged to explain the objectionable statement. We did not think, however, the statement complained of by Dr. Wathen did any great injustice to the institution he represents; but as he wishes an explanation, we are of course obliged to give it, or take the consequences. And as we know how to make the explanation, and do not know what the consequences might be if we failed, we proceed to explain.

In the first place, by reference to our advertising pages it will be seen that *Turner Anderson, M.D., C. W. Kelly, M.D., Sam. E. Woody, M.D.*, and *James M. Holloway, M.D.*, are all members of the *Kentucky School of Medicine.* It may likewise be observed that the faculty is composed of nine members. Now, on the letter-head representing the faculty-organization of the *Louisville Medical College*, it appears that all the gentlemen before named are members of the faculty of that institution. True enough, in the annual announcement issued by the *Kentucky School* and the *Louisville School* respectively, the name of *Dr. Woody* does not appear in both, although the names of the other three are duly set forth. Our friend *Wathen* insists that *Dr. Woody* therefore does not belong to the faculty of the *Louisville Medical College.* We have in our possession a letter, written by *Dr. Woody*, offering to take students at the *Louisville Medical College* at half the published rates; and on this letter-head is a list of the faculty of the *Louisville Medical College* in which *Dr. Woody's* name is included as a teacher of Medical Chemistry and Microscopy. The letter was mailed

in Louisville on the 8th of August last to a student. It would appear, therefore, unmistakable truth, that but *four* members out of the *nine* constituting the faculty of the *Kentucky School of Medicine*, hold chairs in the *Louisville Medical College*. Not being good at either chemical or microscopical analysis, we may fairly be excused for having omitted to mention just which particular man of the remaining five should have been divided to suit the exacting demands of the Dean. We must confess we made a grave error in the statement that one half of the *Kentucky School* faculty belongs to the *Louisville Medical College*, since it appears from undoubted documentary evidence that but *four-ninths* of the *Kentucky* faculty are so engaged. Shall we explain further?

MAGNESIA IN BEER.—As a custom of adding magnesia to beer to preserve it is now becoming general, a word in time from the medical profession may avert what threatens to become a danger to health. Formerly, to preserve beer, only salts of lime and the alkalies were used; these imparted harsh and soapy tastes respectively. (British Medical Journal.) As magnesian compounds are not so perceptible (when in beer) to the taste, their use in brewing is replacing that of lime. Pure beer itself contains more magnesia than can be taken with impunity by many constitutions. The addition of further quantities under names known to the trade as "antacid," to correct beer, "C and D," to preserve it, "concentrated Burton water" to harden brewing water, may easily increase the amount to an injurious quantity. Brewers do not inquire into the nature of the chemicals now largely used by them, and can not be aware of their effects. It is time they were reminded that the continual drinking, in a popular dietetic, of salicylic acid, magnesia, vegetable bitters, etc., is a question which concerns the public health quite as much as their own profits. Drinking-waters containing excessive quantities of magnesia are frequently condemned; beer can disguise more, and should be closely watched. In obscure cases of purging, it will be well for the medical adviser to bear in mind the possible, but hitherto unsuspected presence of excessive quantities of magnesia in beer.

SUGAR AS AN ANTISEPTIC DRESSING.—Dr. Fischer states that Prof. Lücke, of Strasburg (*Centralblatt f. Chir.*, August 25th), has, since May last, been making trials of sugar as a pulveriform antiseptic. He has used it with equal parts of naphthaline or with a fifth part of iodoform, inclosing it in gauze bags, which are fixed over the wound after the application of sutures. When the skin is defective, the sugar is strewed over the wounded surface. The wound has been disinfected during the operation by means of a one-per-cent sublimate solution. The dressing may remain on the part from a week to a fortnight, until the sugar becomes dissolved, the secretions from the wound diffusing themselves equally throughout the sugar. If, however, the sugar is applied too thickly (*i.e.*, more than half a centimeter) it forms into lumps. The wounds thrive under the sugar, the dressing emitting no bad smell nor exhibiting bacteria. The granulations are well developed, having no inclination to bleed, and cicatrization proceeds rapidly. In wounds united by suture, primary union has always been obtained. The experience thus far gained justifies the recommendation of further trials of a remedy so easy to obtain.— *Med. Times and Gaz.*

AN INQUEST INCIDENT.—When the jury were about to be sworn on an inquest held at the "Lord Clyde," Wotton-road, Deptford, Mr. Carttar, the West Kent coroner, opened the book which was supplied by the landlord of the house for the purpose of administering the oath to the jurymen, and found it to be a copy of "Tristram Shandy." After some delay the New Testament was forthcoming.—*Ibid.*

PHYSICAL EFFECTS OF THE ISCHIA EARTHQUAKE ON SURVIVORS.—Prof. E. Fazio has been making notes in Ischia as to the impressions made upon the victims before and after the calamity. He has ascertained that in general those who were excavated alive were stupefied, their organic functions paralyzed, their sight weakened or altogether suspended for some time; most had felt extreme thirst while under the masonry, but all asserted that they had never lost the hope of being saved.—*Ibid.*

DAMP HOUSES.—A correspondent asks: "If dampness is the sole cause of the unhealthiness of new houses, why are not tents unhealthy in wet weather? I have," he adds, "seen a good deal of tent life, and always found it to agree with me."—*Ibid.*

THE RELATION OF THE TEETH TO THE BRAIN.—The recent discussion in the French

medical journals on the relation of the teeth to the brain and their conclusions are of importance to all brain-workers. Dr. Championnière recommends that parents and guardians should pay close attention to the condition of the teeth of those under their care, and should, when any signs of premature decay are noticeable, give their charges a holiday.—*Ibid.*

INTEMPERANCE AND CHOLERA.—Some valuable remarks have been made by Dr. Norman Kerr relative to cholera, particularly in reference to the mode in which indulgence in alcoholic drinks affects the mortality from the disease. (The British Medical Journal.) Happily, just at the present moment there does not appear to be much reason to fear an epidemic of cholera in this country, as the news from Egypt seemed to suggest some time ago. Still, it is well to be prepared for its arrival if it should appear; and Dr. Kerr's remarks are interesting, even if it should turn out that they have less practical importance than was recently expected. As to the causes of the disease, perhaps some germ, whose characters are as yet not definitely defined, is at the bottom of the malady. In accordance with the general laws governing the propagation of epidemic diseases, this germ will be stimulated to acting, grow, and spread through the body by the assistance of filth, overcrowding, improper food, and particularly by over-indulgence in alcoholic drinks. Evidently none of these causes singly is sufficient to produce an epidemic of cholera, for all these causes are separately existent in many conditions where cholera does not arise. But, given the existence of the germ, say by importation in some infected ship, the presence of these conditions wonderfully assists its growth and spread. The special facts regarding the influence of alcohol in conducing the spread of cholera are striking. First, many of the authorities offer the most unhesitating testimony to this effect. Sir Thomas Watson; M. Quetelet; the facts of the epidemic in Warsaw, where it was observed that ninety per cent of the deaths occurred among those who used alcohol freely; Professor Macintosh, in Edinburgh; the Canadian medical men in 1832; M. Hubert, in Paris; and Dr. Adams, in Glasgow—the testimony of all these and of others is, with one voice, to the same effect. Dr. Adams actually went so far as to say that, if he had the power, he would have every dram-shop labeled "Cholera sold here." Again, cholera has become much less deadly among the soldiers of the English army serving in India, as sanitation has been better attended to, and as temperance has increased among the men. Professor Lee, of New York, expresses an opinion to a like effect; so that we may take it there is no substantial doubt that alcoholism very strongly predisposes to a fatal issue in those attacked by cholera, and probably also that alcoholism renders persons more susceptible to the incidence of the disease than they would otherwise be.

But not only does alcohol drinking predispose to the infection of cholera, and render the patient less able to fight with the disease; it is also, in Dr. Kerr's opinion, one of the most dangerous agents that can be used for the cure of the disease. In the first stage it is very apt to cause a loss of valuable time by numbing the pain and leading to the conclusion that there is little wrong. In the second stage it prevents the elimination of the poison by congesting the vessels; and in the third stage it is particularly dangerous by increasing the febrile reaction. There can be no doubt that, in the main, Dr. Kerr's advice is sound; and that, if we are no longer to fear a disease which in the epidemics of 1831, 1848, 1854, 1866, and 1873 carried off over one hundred thousand victims, our best course is to have abundance of fresh air, to foster habits of personal cleanliness, to eat wholesome food, and that not to excess, and to abstain from alcoholic drinks.

THE HEARING OF SCHOOL-CHILDREN.—In an article on the results of an examination of the ears and the hearing of five thousand nine hundred and five school-children, in the Archives of Otology, vol. xi, No. 1, Dr. Weil makes some very sensible remarks. He considers, for instance, that every inattentive child should have its ears examined—so convinced is he of the fact that children who are simply hard of hearing are often misjudged and considered inattentive. Of course, it would be much better, he says rightly, if every school-child underwent such an examination once or twice every year. It is not necessary that such examination should be made by a medical man, since the teachers could do it, but of course not so well as the physician. It does not require much time or trouble, certainly not more than one hour for each class. The test could be made in the school-room itself if there be no other room convenient. The teacher

could place the pupil in one corner of the room, then retire to the other himself, and test each ear separately by whispering. He should cause the words and sentences used to be repeated by the pupil, and could thus easily find out which of them are hard of hearing. This would have the further advantage of calling the attention of parents to the condition of their children, thus preventing injustice from being done to them, and making them profit by early treatment. The author believes that, in the great majority of cases, the children whom he examined could be much benefited by proper treatment, and many of them could be entirely relieved in a few minutes. Probably the great majority, he says, will never be submitted to proper treatment, or at least not till after some years, when the disease will have caused changes which can then be but little benefited. The author thinks that many of the children will be neglected by their parents, even after they become informed of their condition, simply on account of the cost of treatment; and he therefore recommends the appointment of a proper surgeon to be responsible for the health of schools, and whose duty it would be to examine the ears of every child whom the teachers find inattentive, and, when necessary, to give the proper advice.

EXTINCT ANIMALS EXHUMED.—The *Illustriste Zeitung* reports that the fossil remains of several iguanodons have been found at Bernipart, in Belgium. The skeleton of one of these fossil monsters has been carefully put together, and removed to the natural history museum at Brussels, where a special case has been made for it, and placed in the courtyard, no convenient space being found inside. The same journal reports the discovery of the remains of animals of the bronze age, made during the extension of the fortifications of Spandau. Among other things were the bones of a species of dog, the legbone of a gigantic horse, and the bones of a small species of pig, somewhat like the present Indian one. The remains have been examined by Professor Nehring, who also discovered the remains of a small-limbed goat and of a sheep.—*Science.*

PAUPERS' SNUFF—AN ALTERNATIVE.—The medical officer reported at the last meeting of the South Dublin Union Guardians that he had directed that eight pounds of snuff should be served out to the inmates. A guardian thereupon observed that he was glad of this, because the old women took ashes when they could not get snuff, and the old men ground up stones and mixed them with clay for the same purpose, both of which injured their health.—*Med. Times and Gazette.*

TINNED PROVISIONS.—It is stated that ten thousand rabbits were sent to England in one year by the New Zealand Meat Preserving Company. But, as the wholesale poisoning of rabbits by phosphorus is being carried on in Australia, the question has arisen, "Are canned Australian rabbits a safe food?"

EXTIRPATION OF THE LARYNX.–This painful and protracted operation was lately performed in Glasgow, Scotland, by Dr. Newman, and perfect relief was obtained in the usual way. The patient, aged fifty-five, was suffering from a tumor of the larynx, involving chiefly the epiglottis. The operation lasted two hours. Death resulted about thirty-six hours subsequently.

THE last rival of quinine is kairine. Its chemical name is given by Dr. Fisher, its discoverer, thus, hydrochloride of oxyethylquinolinehydrid. Drs. Girat, Filehne, and Riegel have investigated its action, but have not reached uniform results. Most claim for it the general anti-febrifuge properties of quinine.—*Detroit Lancet.*

IN the Medical News Dr. John L. Atlee reports a case in which he mistook an hypertrophied right lobe of the liver for a fibroid tumor of the ovary. The diagnosis was made out by the operation, the woman sewed up and put to bed.—*Ibid.*

DR. RUSH said no physician should be allowed to practice who had not first served six months in the kitchen, of such moment did he regard a knowledge of the art of cooking.—*Ibid.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 29, 1883, to October 6, 1883.

Tilton, H. R., Major and Surgeon, assigned to duty as Post Surgeon at Fort Wayne, Michigan. (Par. 4, S.O. 183, Dept. of the East, September 28, 1883.) *Brechemin, Louis*, Captain and Assistant Surgeon, relieved from duty at Fort Columbus, N. Y. H., and assigned to duty at Fort Wadsworth, N. Y. (Par. 5, S.O. 183, Dept. of the East, September 28, 1883.)

The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }
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KENTUCKY STATE BOARD OF HEALTH.

At its late meeting in this city the resignation of Dr. Speed, who has been Secretary of the Board for several years, was accepted, and Dr. McCormack, of Bowling Green, was elected in his stead. Dr. Speed's work is known to the profession. He has been conscientious and faithful in the discharge of his duties, and has gained thereby many friends and much praise at home and abroad.

The election of Dr. McCormack will meet with the hearty approval of the profession throughout the State. Indeed, a better selection could not have been made. He is in the prime of life physically and mentally, quick and vigorous, ambitious, enthusiastic, scholarly, learned in hygiene, a close observer and a sound reasoner, popular in manners, fluent in speech, and a ready writer. During his prolonged service as a member of the Health Board he has proved himself one of its best workers, and the experience therein gained will greatly add to his usefulness as secretary. We congratulate the board and the commonwealth upon securing the services of so excellent an officer.

The annual report of the board, lately issued, is vastly superior to any of its predecessors, and contains a large mass of useful information, which must do great good to the people when they have come into possession of it. This report should be widely circulated, and the secular and other papers throughout the State should call the attention of their readers to it. Our legislators can not better spend their leisure hours than in mastering its contents, that they may thereby be enabled to legislate the more wisely on health matters during their coming session. The board should be given more power—more money. No branch of the State government is of greater importance than that which the members of the Health Board direct. Health is the foundation of success in nations and in communities. As peoples improve in health they advance in civilization and morality. Crime is in large measure of pathological origin, and sin chiefly comes from sickness. The skilled physician is the most useful of evangelists, the most beneficent of citizens. Homer estimated him as equal in value to more than a legion of soldiers. He says,

"The great physician, skilled our maladies to heal,
Is worth ten thousand to the commonweal."

Three vacancies in the State Board of Health will occur during the coming year, and it is confidently hoped that our excellent governor will choose good men to fill these important places. The custom has been to appoint friends, relatives, or political allies. Governor Knott is expected to depart from this custom. Neither politics nor religion, consanguinity nor friendship, should influence the selection of health officers.

SIR WILLIAM MACCORMAC.

Sir William MacCormac spent last week with friends in this city. On Friday he visited the University of Louisville, and delighted the medical students by performing, in the highest style of surgical art, two operations, and delivering a concise lecture on epispadias and harelip, the two deformities upon which he exercised his skill.

This distinguished Londoner has visited the great cities of the West, and will sojourn briefly in Washington, Baltimore, Boston, Philadelphia, and New York. He expresses himself delighted with his American experiences.

He has not observed those evidences of physical degeneracy which some foreign travelers claim to be impressed with, and says the people he has encountered in this country are, for all the world, just like those he meets every day at home.

The hobby-riders, the specialists and prejudiced provincials who come to this country are apt to imagine marvelous and manifold degenerations in the American descendants of foreign forefathers; but the square-brained man who has been in many lands, and who is not afflicted with an innate or acquired intellectual squint—and such a man is Sir William MacCormac—sees that in similar classes the people of the different civilized lands are very similar. The resemblance is greatest between the Queen's British subjects and the President's people because these nations are of the same origin—a wondrous commingling of many good bloods.

The London cockney, the Paris boulevardière, and the beer and pretzel philosophers of Berlin and Vienna imagine the average American an inferior biped, badly dressed, with narrow jaws, defective or false teeth, nasal twang, hatchet face, sallow skin—a bundle of diseased nerves and chronic dyspepsia. But these static foreign donkeys who have only browsed in very narrow pastures, if they have eyes to see would find us a very different folk were they to make personal observations in America.

It has not pleased the good God yet to create a people perfect in health or comeliness, but the white man every where is more or less rapidly, in these two respects, advancing, ascending, augmenting; and nowhere is this development more rapid than it is in America. We are not without our faults, physical and mental and moral, but we are curing of these; and if only the peoples who are sinless in these things shall cast the first stones of criticism at us, we have indeed very little to fear.

In conclusion it may be said, and without just ground for the charge of vanity or flattery, after the manner of Bishop Butler in commending the strawberry: Doubtless God could have made a better nation than the British, but doubtless God never did. And Americans are chips of the old block.

Bibliography.

THE PATHOLOGY AND TREATMENT OF THE DISEASES OF WOMEN. By Graily Hewitt, M.D. (Lond.), F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, etc. New American from the fourth revised and enlarged London edition, with two hundred and thirty-six illustrations, edited, with notes and additions, by Harry Marion-Sims, M.D., Attending Surgeon to St. Elizabeth's Hospital, New York. Vols. I and II. New York: Bermingham & Co. 1883. Price, $2.25 per volume.

AN ENCYCLOPEDIC INDEX OF MEDICINE AND SURGERY. Edited by Edward J. Bermingham, A.M., M.D. Contributors: Aitken, Barker, Beard, Bermingham, Birkett, Bozeman, Bristowe, Callender, Alonzo Clark, J. Lockhart Clarke, Ellis, Hamilton, Hammond, Henna, Holmes, Hutchinson, Jacobi, Jenner, Juler, Keetly, Morris, Otis, Parker, Piffard, Playfair, Pomeroy, Post, Reynolds, Roberts, Sands, Heywood Smith, T. Smith, Esq., Taylor, Thomas, and Sir H. Thompson. New York: Bermingham & Co. 1882. Price, sheep, $6.00; cloth, $5.00.

INSANITY: ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT. A manual for students and practitioners of medicine. By E. C. Spitzka, M.D., Professor of Medical Jurisprudence and of the Anatomy and Physiology of the Nervous System at the New York Post-graduate School of Medicine, etc. New York: Bermingham & Co. 1883. Price, $3.00.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN. With a Formulary. By Edward Ellis, M.D., late senior Physician to the Victoria Hospital for Sick Children, etc. Fourth edition, revised and enlarged. New York: Bermingham & Co. 1882. Price, $1.00.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR. By Oren D. Pomeroy, M.D., Surgeon to the Manhattan Eye and Ear Hospital, Ophthalmic and Aural Surgeon to the New York Infant Asylum, etc. With one hundred illustrations. New York: Bermingham & Co. 1883. Price, $3.00.

ACUTE DISEASES AND INJURIES OF THE EYE, EAR, AND THROAT. Some suggestions to the family physician on their management. By. W. Cheatham, M.D., Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville, etc. Reprint from American Practitioner.

A COMPLETE HAND-BOOK OF TREATMENT. Arranged as an Alphabetical Index of Diseases to facilitate reference, and containing nearly one thousand formulæ. By William Aitken, M.D. (Edin.), F.R.S., Professor of Pathology in the Army Medical School, etc. New York: Bermingham & Co. 1882. Price $2.00.

PRACTICAL CLINICAL LESSONS ON GENITO-URINARY DISEASES AND SYPHILIS. By Fessenden N. Otis, M.D., Clinical Professor of Genito-urinary Diseases in College of Physicians and Surgeons, New York, etc. New York: Bermingham & Co. 1883. Price, $4.50.

SEXUAL IMPOTENCE IN THE MALE. By William A. Hammond, M.D., Surgeon General U. S. A. (retired list), Professor of Diseases of the Mind and Nervous System in the New York Post-graduate School, etc. New York: Bermingham & Co. $2.50.

A COMPEND OF HUMAN PHYSIOLOGY. Especially adapted for the use of students. By Albert P. Brubaker, M.D., Demonstrator of Physiology in the Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co. 1883.

THE STATUS OF PROFESSIONAL OPINION and Popular Sentiment Regarding Sewer Gas and Contaminated Water as Causes of Typhoid Fever, with Allusions to a Paper by Dr. Alfred L. Carroll upon this subject. By George Hamilton, M.D, Philadelphia.

THE WORK OF HEALTH OFFICERS, AND OF LOCAL BOARDS OF HEALTH IN MICHIGAN. Including duties under laws amended and passed in 1883. Henry B. Baker, Secretary. Lansing, Michigan.

FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF KENTUCKY. John J. Speed, M.D., Secretary. Louisville: The Gilbert & Mallory Publishing Company.

Correspondence.

KENTUCKY SANITARY COUNCIL.

Editors Louisville Medical News:

The State Sanitary Council held its regular semi-annual session at Glasgow, Tuesday, October 2d. In the absence of the president, Dr. J. A. Dixon, Dr. R. H. Grinstead presided. Dr. J. N. McCormack, Secretary of the State Board of Health, was elected permanent secretary. Prof. Elrod delivered an address of welcome, which was responded to by Dr. J. W. Holland.

Dr. Grinstead, Health Officer of Glasgow, read the first paper, on the Adulteration of Medicines, and dwelt specially on the best methods of preventing such adulterations. Dr. J. S. Leach, of Glasgow, presented a paper on The Restriction of Smallpox. Both of these papers elicited interesting discussion, the speakers being limited to five minutes.

Dr. Holland, of Louisville, read an elaborate paper on The Causes and Prevention of Cholera Epidemics, citing the history of that disease as it occurred in the towns and cities of this State in 1873 in support of the commonly accepted view that cholera is a miasmatic contagious disease, and is to be combated by cleanliness, isolation, and the thorough disinfection of the alvine discharges and every thing with which they come in contact. The discussion of this paper closed the afternoon session.

A large and attentive audience was in attendance at the evening session.

Dr. R. M. Alexander, of Burksville, read a carefully prepared paper on The Reasons for Sanitary Legislatation, and was followed by Dr. Pinckney Thompson, of Henderson, with an excellent and thoroughly practical paper on Domestic Hygiene. Dr. Holland read a paper by Prof. L. Eddy, of Danville, on The Reciprocal Relations of the People and the State Board of Health. Dr. McCormack presented A Plea for the Teaching of Hygiene in the Schools. Prof. A. W. Mell, of Glasgow, made an address on School Hygiene; and the Council adjourned to meet in Bardstown on the first Tuesday in April, 1884.

The Sanitary Council is a voluntary association of a purely advisory and educational character, and all persons in the State interested in public health are invited to attend and take part in its meetings. This is the second meeting, the initial one having been held in Louisville last March, and its

originators are very hopeful for its future. The first meeting was called and held under the auspices of the State Board, but the intention is to make it entirely independent of that organization. The experience at Glasgow and the number of papers presented indicated that the work of the Council can not be done in less than two days, and the programme for Bardstown will be arranged for that period.

BERLIN LETTER.

Editors Louisville Medical News:

I have been here in Berlin a few days, and have seen a good deal of interest for our profession. The University stands very high in reputation, has talented, distinguished professors and perhaps the finest "policlinics" (Poliklinik in German) in the world; buildings all new, only finished last year. The faculty is composed of such men as Virchow, DuBois, Reymond, Schroeder, Schweigger, Bardeleben, Frerichs, von Bergmann, etc., men well known in the United States.

They have lost a good deal in Langenbeck, who retired last May on account of his advanced age, but found a good substitute in von Bergmann. I visited his policlinic yesterday, was very well received, and invited to see his patients, which he examined and operated upon in the presence of a few students. The waiting rooms were divided for men and women, well ventilated, and disinfectants used every where; they now prefer corrosive sublimate (1 : 1000) and very little carbolic acid. I saw no sponges, but salicylated cotton dipped in this solution before using; all instruments lay in it before using, and all wounds were dressed with it, and then covered with starch bandages dipped in the same solution before application, to protect the wound against the air. Every day, or other day, this dressing is repeated, according to the severity of the wound, which is thoroughly cleansed beforehand. *Cleanliness* and the *antiseptic method* seem to be *the whole soul* of practice. He will not open an abscess without washing the surface beforehand, and introduces a rubber tube or canula for drainage. The incisions are made free and deep to admit very free discharge of pus, the wound cleansed with corrosive sublimate and then closed with a starch bandage, with only the opening of the tube for drainage.

For fractures of the forearm he applies a plaster-of-Paris or starch bandage with the arm in supination, an inner wooden splint with a piece on the palmar end, which the hand grasps and is so bandaged; the bandage is carried above the elbow joint. For all fractures of the leg and contractions of the knee joint plaster or starch bandages are used and carried up pretty high. For contusions of the knee joint, synovitis, the rubber bandage is the favorite method, followed by massage (Knetkur in German) as soon as practicable. The same is practiced for contusions of other joints and some affections of the muscles.

Every patient's name is entered in a journal, and he receives a card for re-admittance. During two hours attendance I saw more than thirty patients with surgical diseases, all were examined, dressed and operated upon as the case required. The cases were all interesting and instructive. Among others we had two cases of goitre, which were treated with injections of iodine (officinal tincture); a good many ulcers, which were covered with adhesive strips, followed by starch bandages. Iodoform is the favorite application for phagedena.

In the afternoon I visited Prof. Schweigger's eye clinic, and found it divided in two departments, diseases external and internal. For diseases of the lids, conjunctiva, and cornea, they have about the same treatment as with us. For eye-water, vaprum sulphuricum and zincum sulph. are preferred; for ointments, iodoform and hydrargyrum oxydatum with vaseline and coca. Three small rooms are prepared for examination with the ophthalmoscope, and up-stairs is a fine operating room with amphitheater and hospital attached. They had only two minor operators this P.M., one ordinary iridectomy, the other for strabismus; the latter was interesting, as it differed a little from the ordinary one. It was necessary to divide the external rectus muscle. He laid open first the internal rectus and retracted it, then dissected the external rectus from the mucus membrane, caught it with a hook, introduced below it two needles threaded with carbolized catgut, tied the muscle, divided it and then united the tendons in such a way that by moving the threads he could modify a possible remaining defect. The dressing was dry salicylated cotton and a bandage which was to be renewed twice daily.

To-morrow I am invited by Professor Schroeder to visit his lying-in hospital and gynecologic institute. I shall write again next week. E. VON QUAST, M.D.

Selections.

VENEREAL AND SEXUAL HYPOCHONDRIASIS.—Extract from a paper read at the late British Medical Association meeting, by Mr. Fred. W. Lowndes, M.R.C.S: In conclusion, there is a still more delicate matter, one which I approach with much hesitation, but which, as it often comes to our notice, had better be boldly met. I allude to the circumstance that some of these sexual hypochondriacs, being anxious to set at rest their doubts as to sexual disability, propose resorting to illicit sexual intercourse, and endeavor to obtain our sanction to such a proceeding. There can only be one proper answer to such a question; and I should not have alluded to this, had I not known for certain that some of our brethren have been unwise enough to sanction, and even recommend such a proceeding. Now I do not see that special practice in venereal diseases requires a lower standard of moral rectitude or professional honor; and to such of our patients as are open to such an argument, we may quote the excellent words of Sir James Paget, who, in a lecture on this very subject, says: "Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft, or lying, or any thing else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice, and on their own responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrong doing. But, in the cases before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong doing. Chastity does no harm to mind or body; discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said they were worse, and many I know have been made worse." But, it may be urged, to many of our patients such a line of argument would be little short of a mockery. This is unhappily too true; but I think that, without descending a step from the same moral altitude, we have other cogent arguments. We might urge on our patient that it would hardly be "janak" (to use a Lancashire phrase) to recommend a course which might bring our patient back to us suffering from something infinitely worse than sexual disability, even assuming the latter to be real, and not fanciful. We might also urge that, to sanction such proceeding might involve many awkward questions, not the least of which would be as to how often the prescription was to be repeated. I forbear to say more, and would only add, as a last word, that we are not justified in saying in the quiet of our consulting-rooms what we should not venture to say before an assembly of our professional brethren.

CHANCRE.—Dr. Armand Bernard, in the British Medical Journal, thus concludes a paper: In the male, in my experience, it is best marked when the sore is situated on the inner surface of the prepuce and furrow, where, owing to the conformation of the parts, it feels like a piece of cartilage when taken hold of by the fingers. When it occurs on the glans, it feels tough, scarcely amounting to hardness, more to a thickening of the part. At the free border of the prepuce induration is nearly always well marked, though not possessing the elastic feel met with on the inner suface of the foreskin. Absence of induration is a frequent characteristic of a syphilitic lesion situated on the sheath or body of the penis. When induration is present, it then feels like parchment. In the female, it is best marked on the nymphæ. When found on the labium majus, it feels very like that in a similar affection on the glans penis. Induration is not always well marked in the fourchette. To generalize, this accompaniment of a syphilitic lesion is always best marked when it involves a mucous membrane, the reasons for which are obvious.

WHAT INFLUENCE HAS AGE UPON MORBIDITY?—The answer to this query, as given by different physicians, differs very widely. Its importance all admit. But in the present state of our knowledge, all answers must, in the nature of the case, be at best approximate. Our present object is to direct attention to some recent exact observations made by the medical department of the U. S. Navy, and published in its last annual report.

During 1881, nine thousand five hundred and forty-six persons were sick. Dividing these into decennial groups, according to their ages, we have the following: Between

the ages of fifteen and twenty-five, four thousand one hundred and ninety-one men; between twenty-five and thirty-five, three thousand three hundred and eighty-five men; between thirty-five and forty-five, one thousand three hundred and ninety-eight men; between forty-five and fifty-five, four hundred and forty-six men; above fifty-five, one hundred and twenty-six men. The highest death-rate is found in the fourth decennium, and then, in order of frequency, the third, second, and first. The sick and invaliding rate of the zymotic class gradually decreased from the first to the last decennium, with the exception of the fourth, where a marked increase occurred, due to the increasing prevalence of malarial cases with increasing age.

In the constitutional groups of disease there is a very large increase in the sick and invaliding rates from the first to the fifth decenniums. Syphilitic diseases decreased in frequency with age. Nervous affections increased with age.

The second, fourth, and fifth decenniums contain most diseases of the eye, while diseases of the ear decreased gradually from the first to the last decenniums. Diseases of the circulating system decreased in frequency through the first and second decenniums, and then increased largely to the last. Diseases of the respiratory organs gave pretty nearly the same ratios up to the fifth decennium, in which there was a large increase, due to chronic catarrhal and bronchial troubles. Diseases of the digestive organs were largely represented in the first decennium, gradually decreasing in the second and third, and again rising higher in the fourth decennium. Diseases of the absorbent system were notably frequent between fifteen and twenty years and gradually decreased with age. Poisons, including alcoholic excesses, increased with age.—*Detroit Lancet.*

THE DIET OF DOGS.—The last meeting of the Academy of Sciences, of Paris, was taken up with the quantity and quality of food suited for dogs in a state of domesticity. (Lancet.) In a paper giving the result of his experiments, the author has come to the conclusion that an ordinary adult dog can digest a quantity of meat varying in weight from one tenth to one sixteenth of the weight of the body. Under the influence of cold, the weight of the ration absorbed was increased and under warmth it was diminished. Cold infusion of coffee administered to a dog increased its appetite; it ate a quantity of meat equal to one eighth of the weight of its body. But when the meat was mixed with bread, starch, and other farinaceous substances, the weight of the ration absorbed was notably diminished; the animal got thin, sometimes phthisis supervened, and death followed. The author concluded with the remark that a diet, whatever be its nature, can not be suddenly changed without producing disorder in the economy. A diet exclusively carnivorous, though better suited to the constitution of the dog in a state of liberty, would be prejudical to the animal in a state of domesticity. A mixed diet is therefore clearly indicated in the latter condition.

CARBOLIZED SAWDUST AS AN ANTISEPTIC DRESSING.—Mr. H. P. Symonds, surgeon to the Radcliffe Infirmary, Oxford, writes, in the Lancet: One of the drawbacks of the usual antiseptic dressing is the rapidity with which the discharges come through on the first day or two after operation, often necessitating the redressing of the case within a few hours. To prevent this, and yet not to interfere with the aseptic condition of the wound, is a distinct advantage both to the patient and the surgeon. The material I have used recently in a considerable number of cases is coarse sawdust, soaked in (one in ten) solution of absolute phenol and spirit of wine, then allow to dry slightly so that the spirit may evaporate, leaving the sawdust charged with carbolic acid. When used it is inclosed in a bag made of several layers of gauze, and applied outside the deep dressing, the usual external dressing being put over it. The sawdust thus takes the place of the padding of loose gauze which is generally used. Its absorbent power is very great, and it has the additional advantage of keeping up an equable pressure on the divided tissues. I find that fourteen ounces of sawdust will readily absorb about one pint of fluid.

AN EXTRA-UTERINE FETUS RETAINED FIFTY-SIX YEARS.—On September 11th, *L' Union Médicale* contained an interesting account of an extraordinary case, in which a fetus at full term had sojourned fifty-six years in the neighborhood of the mother's womb without having undergone any change whatever, and without having caused any distress to the mother beyond that resulting from its size and weight. (The Lancet.) The mother died at the age of eighty-four, and

the perfect infant was discovered in a cyst, whose wall was petrified, about the right fallopian tube.

PRIMARY CONSIDERATION OF ORTHOPEDIC CASES.—At a late meeting of the Academy of Medicine in Ireland, Mr. Swan read a paper (Lancet) on primary consideration of orthopedic cases. He explained certain allusions to affections not strictly to be termed orthopedic by stating that they very frequently were seen by surgeons practicing that branch of surgery. From a prolonged observation of a limited number of examples made by himself, and from the results obtained from the records of Dr. H. Cuthbertson and Dr. Virgil Gibney, of New York, he arrived at the following conclusions: (1) That the advantages of excision or evitement in tarsal caries do not appear to be so obvious as to warrant their frequent application; (2) that, as there is no evidence of amyloid degeneration of viscera in long-continued suppuration of the tarsal joints, conservatism in its widest signification may be specially applied to disease of this structure; (3) that an anchylosis of the tarsal articulations, a result of the generation of plastic material during the course of the disease, will occur, but that this process, though diminishing the mobility of the foot, will leave it fairly useful. In referring to angular curvature of the spine, the impossibility of predicting the amount of deformity was maintained. The supervention of paraplegia, on the other hand, might be confidently anticipated to occur only in caries of the cervical or upper dorsal vertebræ. So far as the paralysis was concerned, the prognosis might be stated to be usually favorable. The probability of the development of abscess was shown to be chiefly the results of motion, and not necessarily the sequence of extensive gibbosity, or even extensive implication of tissue. Scoliosis was stated to be, except in an early stage, an incurable affection. In equinovarus section of all resisting structures was insisted on, and relapses were said to be often due to a neglect of this rule. Mere congenital distortions of the feet were divided into, (1) those the result of nervous lesions; (2) those depending on ligamentous relaxations; (3) neuro-mimetic affections; and (4) those of traumatic origin. In the treatment of deformities of the lower limbs depending on essential paralysis as usually adopted, whether by counter-irritation, localized galvanism of Duchenne, massage, or the Swedish movement cure, the writer did not put much faith, but held a strong opinion on the utility of the direction of volition to the limb, while by proper means maintaining symmetry, holding that the development of the use of the unaffected muscles even remotely attached to the member established a compensating power, and believing that in many cases some of the fibrillæ of muscles, the bulk of which were paralyzed, retained contractile power. Mr. Wheeler was of the opinion that Mr. Swan was not sufficiently explicit in his paper with reference to the disease of bones of the foot, and the excision of bones, etc. A tolerably accurate diagnosis of the extent of the disease could be formed by observing where the disease commenced. There were four distinct synovial sacs in the foot. Hence it would be easily understood that the extent of the disease would be greatly influenced by its starting-point. Complete excision of the os calcis was not a common operation. The results in two cases we had were most satisfactory; a third, however, was not quite so successful. He deprecated the use of the gouge as a dangerous and unscientific practice, especially in disease of the ankle-joint. The president remarked that the partial removal of carious bone was exceedingly unsatisfactory. Although Mr. Wheeler had condemned gouging, his experience of it had been attended with marked success.

BROMIDE OF POTASSIUM IN DIABETES MELLITUS.—The influence of the scepter which the so-called "diabetic center" has so long swayed over the domain of diabetic pathology is, perhaps, destined ere long to be felt less acutely, or even not at all. (Lancet.) It is certain, at all events, that the majority of pathologists are by no means satisfied with the opinion that diabetes is essentially due to a lesion of the parts of the central nervous system about the medulla oblongata. In 1866 Begbie, probably influenced by the prevailing views of the nervous origin of diabetes, suggested the employment of bromide of potassium in that disease. He obtained satisfactory results in four cases. Since that time many physicians have employed the drug with varying success. Last year M. Felizet presented, in August, to the Académie de Médecine a work entitled "The Cure of Diabetes Mellitus and Glycosuria by Bromide of Potassium"; and now we have before us the report of the commission appointed to inquire into that paper. From a therapeutical point

of view, the numerous theories of diabetes may be divided into three classes, according to the report. The alimentary, hepatic, and nervous theories are the names adopted. Each of these hypotheses has had its own therapeutics. M. Felizet believes that he can cure diabetes with bromide of potassium. His belief is based on the results of clinical and experimental researches. Glycosuria induced by puncturing the floor of the fourth ventricle of rabbits ceased sooner under the administration of bromide than when left alone.

SULPHUR FUMIGATION IN CHOLERA DISTRICTS.—Dr. John E. Tuson, of Calcutta, writes to the Lancet: Since 1872 I have steadily advocated this method of disinfection in India by means of sulphurous acid. At Bombay, during the last epidemic there, it was adopted, and the disease ceased almost immediately after the fires were kindled, with such immunity from it as had not been known for five years. In 1882, when cholera was very virulent at Dumdum, and in all the villages near the cantonments, till at last it appeared in the Sudder Bazaar, sulphur fires were adopted extensively. The disease ceased in a most marvelous manner, and not a single case occurred in the Border Regiment stationed there. Sulphur fires should be kept burning through the streets for several days, at distances of twenty or thirty yards, where cholera is virulent. Every house where cholera has occurred should be evacuated and thoroughly disinfected with sulphurous acid, and the floors and walls disinfected with carbolic acid or phenyle. Furniture should be taken out or covered, as the fumes might fade the colors. A very easy means of disinfection of houses can be effected by the inhabitants evacuating them temporarily, and burning sulphur for a few hours, or in different rooms alternately. Street fumigation is not sufficient, but it can be pushed still further by burning sulphur in all infected houses, streets, or gullies. Liquid sulphurous acid might be sprinkled on walls and floors. The measure has been entirely effectual in India.

DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.—Dr. T. Gaillard Thomas states, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases should be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report he gave was that the growth was not malignant in any respect, but simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.

AMERICAN SMUTS.—Prof. Farlow, in some notes on Ustilagineæ, gives the first account of American Entylomata, his list including eight species, one only of which appears under another genus in earlier lists. Four of these are, for the present, described as new, though two may prove to be identical with species growing on the same host genera in other countries. One is doubtfully considered to be a form of a European species; the balance occur also in the old world. Two American species of Cornu's new genus Doassansia—D. Farlowii Cornu and D. epilobii Farlow—are recorded; the former in the ovaries of Potamogeton, the latter in leaves of Epilobium.—*Science.*

M. G. MEYERS, of Paris, is stated to have invented an incombustible paper, which in addition to its power of resistance to extreme heat has the merit of preserving its normal appearance under the action of fire. The utility of such a material is obvious. Among other purposes to which it may advantageously be applied, is the construction of non-inflammable theatrical scenery, the combustible nature of which, as at present in use, has contributed so largely to disasters from fire in places of scenic entertainment.